

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
-----------------------------------	---	--

1.0	PHA Information PHA Name: <u>South Tucson</u> PHA Code: <u>AZ025</u> PHA Type: <input type="checkbox"/> X Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/01/2010</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>172</u> Number of HCV units: <u>132</u>																										
3.0	Submission Type <input type="checkbox"/> X 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the South Tucson Housing Authority is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Improve the PHA and SEMAP scores, increase customer satisfaction, modernize public housing units, and reduce vacancies.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: VAWA The STHA has implemented new policies in both the Admissions and Continued Occupancy Policy and Section 8 Administrative Plan to accommodate the needs and protect the rights of victims of domestic violence, dating violence, sexual assault or stalking. Basic components of the policies are identified as follows. (Please see Attachment 6.d.) EIV EIV requirements have been included in the ACOP and S8 Administrative Plan to be in compliance with the Federal Regulations. SSN New SSN requirements have been included in the ACOP and S8 Administrative Plan to be in compliance with the Federal Regulations.. Revisions to the ACOP were previously sent to our local FO; the Section 8 Administrative Plan is being mailed to our local FO 7-1-10. The current PHA Plan and the previous 5-Year Plan are located in the lobby of the administrative office. Please see Attachment 6.e. PHA Plan Update (Financial Resources) Please see Attachment 6.f. Housing Needs Please see Attachment 6.g. Housing Needs of Families on the Waiting List																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.																										
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																										

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Please see attached.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Please see attached.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>An internal policy has been created to track the turn-around time for vacated public housing units; thereby decreasing that time to prepare for new families. The STHA will be applying for an FSS grant in order to help families become self-sufficient. We have ample housing units—the only problem housing applicants is their own criminal backgrounds. (The Security plan adopted by the Board ensures the screening process and confidentiality are adhered to)</p> <p>CFP grants are a major assistance in modernizing our older buildings (built in the early 1970s) and creating more energy-efficient buildings to decrease the cost of utilities.</p> <p>The 5-Year Plan incorporates plans for creating energy-efficient units to keep costs down as well as be environmentally efficient.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Please see Attachment 9.a. Housing Needs and Attachment 9.b. Housing Needs of Families on the Waiting List.</p>

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>We will continue to employ outside labor to improve the unit turn-around time. We review lease-ups at least monthly to ensure units are being filled by eligible applicants.</p> <p>The STHA has seriously improved its financial reporting and decreased its TAR.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>It is the intent of the STHA to adhere to the mission, goals and objectives outlined in the five-year strategic plan. The plan, however, will be modified and re-submitted to HUD should a substantial deviation from program goals and objectives occur.</p> <p>The STHA defines substantial deviations as:</p> <ul style="list-style-type: none"> Any change in the planned or actual use of federal funds for activities that would prohibit or redirect the housing authority's strategic goals of increasing the availability of decent, safe and affordable housing for the citizens of the City of South Tucson. Any single or cumulative annual change in the planned or actual use of federal funds as identified in the five-year plan that exceeds 20% of the City of South Tucson's annual program budgets for Section 8 or public housing activities. A need to respond immediately to Acts of God beyond the control of the STHA, such as earthquakes, civil unrest, or other unforeseen significant event. A mandate from local government officials, specifically the governing board of the STHA, to modify, revise, or delete the long-range goals and objectives of the program. <p>A Significant Amendment or Modification to the Annual Plan and five-year Plan is defined as:</p> <ul style="list-style-type: none"> Changes of a significant nature to the rent or admissions policies, or the organization of the waiting list not required by federal regulatory requirements as to effect a change in the Section 8 Housing Choice Voucher Administrative Plan for the City of South Tucson or the Public Housing Admissions and Continued Occupancy Policy (ACOP). A change in the planned or use of replacement reserve funds under the Capital Fund that exceeds 20% of the STHA's annual budget. <p>The STHA entered into an MOA with HUD on 4-1-2009 and ended 3-31-10. The goals have been met:</p> <p>3.1: A tracking log was devised and is provided to the FA monthly. Expenses have been greatly reduced by closer tracking, allocating salaries appropriately through Time and Effort reports, decreasing staff salaries, and closer monitoring of maintenance expenses.</p> <p>3.2: The STHA's TAR has been greatly reduced. Termination Hearings, per our ACOP, are conducted to ensure proper monthly payments by residents.</p> <p>3.3: Financial Statements are provided to the FA by the 20th of each month. All policies are adhered to in order to accomplish reduced TARs, and decrease expenses.</p> <p>3.4a and b: The financial statements have been electronically submitted.</p> <p>3.5: Monthly progress reports for the MOA are submitted no later than the 15th of every month. The STHA continually seeks ways to reduce our expenditures. STHA employee salary decreases, close monitoring of resident payments and Termination hearings, and strict evictions for nonpayment of rents or other charges are enforced when residents do not abide by their Repayment Agreement.</p> <p style="text-align: center;">4 of 4</p>
------	---

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
------	--

	ATTACHMENT 6.e.	
	PHA PLAN UPDATE	
	Financial Resources	
Sources	Planned \$	Planned Uses
a) Public Housing Operating Fund	\$ 244,816.00	Operating expenses (salaries, maintenance, etc.)
b) Public Housing Capital Funds	\$ 229,996.52	Install new kitchens/baths/flooring
c) Public Housing Dwelling Rental Income	\$ 288,609.00	Offset operating expenses
d) Public Housing ARRA Funds	\$ 287,180.00	Replace roofs; replace boilers
e) Annual Contribution for Section 8 Tenant Based Assistant	\$ 703,284.00	HAPs/URPs payments
f) Other Income	\$ 66,000.00	Offset operating expenses
g) Non-Federal Source		
Total Resources	\$ 1,819,885.52	

ATTACHMENT 6d
Violence Against Women Act (VAWA)

The housing authority has implemented the following in regard to VAWA:

- Has a Board-approved priority listing for all documented VAWA applicants.
- Has policies and procedures that will enable us to address the needs of all victims of domestic violence, dating violence, sexual assault or stalking.
- All VAWA participants are advised of their rights under at the application stage. The housing authority does not terminate tenancy of a tenant victim due to actual or threatened domestic violence, dating violence, sexual assault or stalking against the tenant or an immediate family member of the tenant. The housing authority will request that the tenant complete a certification.
- The housing authority may take other actions to ensure the safety of the tenant victim, other residents, and employees. These may include, but are not limited to, bifurcation of a family's lease to evict a household member who is the perpetrator of domestic violence; honoring court orders which may limit a tenant perpetrator's access to the unit or property; and evicting the tenant victim if the housing authority can demonstrate an actual and imminent threat to the immediate housing community or staff.
- All information provided to the housing authority by a participating family regarding VAWA certification, including the tenant's status as a victim, is confidential. The exceptions to confidentiality are tenant authorization to release and/or use information; is required by law; or is needed for eviction proceedings.
- Training has been provided to staff regarding VAWA and the housing authority's policies and procedures as they pertain to VAWA.
- New Housing Choice Voucher landlords will receive information in their packet regarding VAWA.
- Has invited EMERGE!, a counseling/mentoring/advocacy organization, to prepare presentations that may assist any VAWA victim.
- May refer victims affected by VAWA to appropriate agencies including domestic violence shelters, if no vacant units are readily available.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

PHA Name/Number South Tucson AZ 025		Locality City of South Tucson/Pima/AZ		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
A.						
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		10,000	10,000	10,000	10,000
F.	Other- A&E Firm		30,000	30,000	30,000	30,000
G.	Operations		67,400	54,000	62,000	64,000
H.	Demolition					
I.	Development		297,000	230,000	270,000	280,000
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		307,000			
L.	Total Non-CFP Funds					
M.	Grand Total		337,000	270,000	310,000	320,000

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary (Continuation)

PHA Name/Number A.	Development Number and Name	Work Statement for Year 1 FFY _____	Locality (City/county & State)		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
			Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				
	Agency-Wide/1406		67,400	54,000	62,000	64,000
	Agency-Wide/1410		10,000	10,000	10,000	10,000
	Agency-Wide /1430		30,000	30,000	30,000	30,000
	AZ 25-1/1450			30,000	200,000	80,000
	AZ 25-1/1460			100,000		
	AZ 25-2//1460		191,000	50,000		
	AZ 25-3/1460		106,000	50,000		
	AZ 25-5/1460					
	AZ 25-2/1450				35,000	100,000
	AZ 25-3/1450				35,000	100,000

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

Page 3 of 85

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Page 4 of 6
form HUD-50075.2 (4/2008)

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

Part III: Supporting Pages – Management Needs Work Statement(s)					
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	Estimated Cost
See Annual Statement					
		Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: South Tucson	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
------------------------	--	--

Type of Grant		Type of Grant		Type of Grant		Type of Grant	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:							
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	59,000					
3	1408 Management Improvements	25,000					
4	1410 Administration (may not exceed 10% of line 21)	15,000					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	30,000					
8	1440 Site Acquisition						
9	1450 Site Improvement	10,000					
10	1460 Dwelling Structures	215,000					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

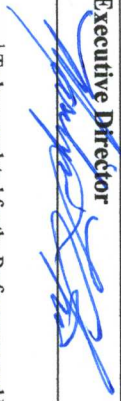
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: South Tucson	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:
---------------------------	--	--

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)						
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities		100,000				
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures		125,000				
Signature of Executive Director 		Date 04/23/2010	Signature of Public Housing Director				
		Date					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: South Tucson

Capital Fund Program Grant No:
CFPP (Yes/ No):
Replacement Housing Factor Grant No:

Federal FY of Grant: 2010

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant:[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: South Tucson

Grant Type and Number

Capital Fund Program Grant No: AZ20P02550107

Replacement Housing Factor Grant No:

Date of CFFP:

FFY of Grant: 2007
FFY of Grant Approval:

Type of Grant

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies

☐ Performance and Evaluation Report for Period Ending:

☐ Revised Annual Statement (revision no:)
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	141903.15		141903.15	141903.15
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	23180.14		23180.14	11849.99
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	360.00		360.00	210.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	37089.39		37089.39	31170.18
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	29201.32		29201.32	
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.



² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2007	
PHA Name: South Tucson		Grant Type and Number Capital Fund Program Grant No: AZ20P02550107 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	231734.00		231734.00	213784.04
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		8/9/10			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: South Tucson	Grant Type and Number Capital Fund Program Grant No.: AZ20P02550108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:
------------------------	---	--

Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies				<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	45375.00		45375.00	45375.00
4	1410 Administration (may not exceed 10% of line 21)	22688.00		22688.00	22259.79
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	339.50		339.50	339.50
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	158473.50		158473.50	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				



¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: South Tucson	Grant Type and Number Capital Fund Program Grant No: AZ20P02550108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval:
----------------------------------	---	---

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost¹	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised²			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	226876.00		226876.00	67974.29	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 		Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: South Tucson		Grant Type and Number Capital Fund Program Grant No: AZ20P02550109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Summary by Development Account		Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line		Original	Total Estimated Cost Revised ¹	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	45138.00		0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	22569.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	157984.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.



⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: South Tucson	Grant Type and Number Capital Fund Program Grant No: AZ20P02550109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval:
----------------------------------	---	---

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost¹	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Revised ²			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	225691.00		0.00	0.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 		Signature of Public Housing Director 		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

2010 PHA PLAN
RESIDENT ADVISORY BOARD COMMENTS

A notice was sent to all residents notifying them of the DRAFT 2020 PHA Plan. A binder was set up in the lobby which contained the complete Plan, all mandatory forms that would be executed, as well as Comment Sheets.

There were NO comments by any resident, including the RAB members.

A handwritten signature in blue ink, appearing to read 'M. Chico', with a stylized flourish at the end.

Marilyn L. Chico
Executive Director

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> b. a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: South Tucson Housng Authority 1713 S. 3rd Avenue South Tucson, AZ 85713		
6. Federal Department/Agency: U.S. Department of Housing & Urban Development			7. Federal Program Name/Description: CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: Jennifer Eckstrom Title: Mayor Telephone No.: 520-792-2424 Date: 06-29-2010		
Federal Use Only:					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

South Tucson Housing Authority

Program/Activity Receiving Federal Grant Funding

CFP

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

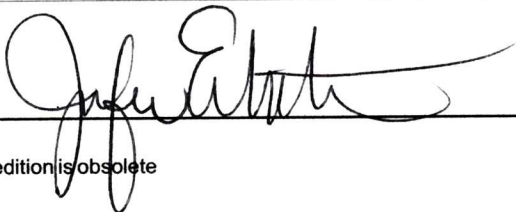
Name of Authorized Official

Jennifer Eckstrom

Title

Mayor

Signature



Date (mm/dd/yyyy)

06-29-2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

South Tucson

Program/Activity Receiving Federal Grant Funding

CFP

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

1713 S. 3rd Avenue, 420 E. 28th Street, 411 E. 29th Street, Scattered Sites
South Tucson, AZ 85713

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Jennifer Eckstrom

Signature

X

Title

Mayor

Date

06.29.10

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

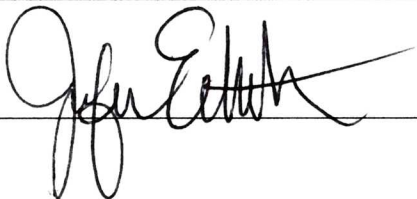
South Tucson Housing Authority

AZ 025

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

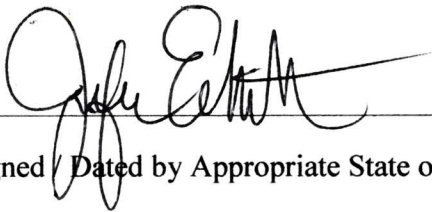
Name of Authorized Official	Jennifer Eckstrom	Title	Mayor
Signature		Date	06-29-2010

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Jennifer Eckstrom the Mayor certify that the Five Year and
Annual PHA Plan of the South Tucson Housing Authority is consistent with the Consolidated Plan of
the City of South Tucson prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 07/01/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.


South Tucson
PHA Name

AZ025
PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 2010 - 2014

 Annual PHA Plan for Fiscal Years 20 - 20

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Jennifer Eckstrom	Mayor
Signature	Date
	06.29.2010

ATTACHMENT 6.g.			
HOUSING NEEDS OF FAMILIES ON THE WAITING LIST			
Combined Low Rent and Section 8 Waiting Lists			
	# Families	% of Total Families	Annual Turnover
Waiting List Total	537		10
Extremely Low Income<=30% of AMI	220	41	
Very Low Income > 30% but < =50% of AMI	259	48	
Low Income > 50% but < 80% of AMI	58	11	
Families with Children	301	56	
Elderly Families	75	14	
Families with Disabilities	161	30	
Race/ethnicity (White)	451	84	
Race/ethnicity (Black)	55	10	
Race/ethnicity (American Indian)	24	0.04	
Race/ethnicity (Asian)	5	0.01	
Race/ethnicity (Hispanic)	304	57	
Characteristics by Bedroom Size			
(Public Housing Only)			
0 BR	64		
1 BR	159		
2 BR	52		
3 BR	158		
4 BR	51		
5 BR	0		
5+ BR	0		